

<b>Case Number:</b>	CM14-0168699		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 52 year old female who was injured on March 22, 2012. Medical records provided for review specific to the claimant's right shoulder included the report of an MRI dated April 21, 2014 MRI that identified a slit-like, 4 millimeter full thickness tear of the supraspinatus as well as full thickness 1 centimeter tearing of the infraspinatus. The follow up report dated September 24, 2014, documented that the request for right shoulder arthrotomy and rotator cuff repair was not authorized due to lack of prior treatment with physical therapy. There was an appeal of the denial documenting that the claimant had significantly restricted range of motion and weakness despite previous conservative measures in the form of medications, therapy and prior injections. Based on claimant's current clinical findings that include positive Neer and Hawkin's testing and quantified strength, and previous incision from prior surgical process, the surgery for arthrotomy and rotator cuff repair procedure was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Surgery of the right shoulder arthrotomy with rotator cuff repair:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** Based on California ACOEM Guidelines, the request for right shoulder arthrotomy with rotator cuff repair is recommended as medically necessary. The medical records document that the claimant has postoperative imaging demonstrating full thickness tearing of the supra and infraspinatus tendon. The claimant has failed conservative care that is clearly outlined in the denial letter including physical therapy, medication management and injection care. Therefore, the request for open arthrotomy and rotator cuff repair based on the imaging revealing recurrent rotator cuff pathology is supported as medically necessary.